

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/686 426
APPLICANT(S)

FILING DATE

10-11-00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
(1)	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
(10)	1					
11		1				
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TOTAL IND.	7					
TOTAL DEP.	18					
TOTAL CLAIMS	25					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						